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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Employers Mutual Casualty Company
<b>TOI/Sub-TOI:</b>	09.0 Inland Marine/09.0005 Other Commercial Inland Marine		
<b>Product Name:</b>	Uncontrolled Inland Marine		
<b>Project Name/Number:</b>	/UCIM-Clean-up-19		

## Filing at a Glance

Company:	Employers Mutual Casualty Company
Product Name:	Uncontrolled Inland Marine
State:	District of Columbia
TOI:	09.0 Inland Marine
Sub-TOI:	09.0005 Other Commercial Inland Marine
Filing Type:	Form
Date Submitted:	12/12/2019
SERFF Tr Num:	EMCC-132184840
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	DC-UCIM-2019-01
Effective Date	03/01/2020
Requested (New):	
Effective Date	03/01/2020
Requested (Renewal):	
Author(s):	Patty Johnson
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

**State:** District of Columbia **Filing Company:** Employers Mutual Casualty Company  
**TOI/Sub-TOI:** 09.0 Inland Marine/09.0005 Other Commercial Inland Marine  
**Product Name:** Uncontrolled Inland Marine  
**Project Name/Number:** /UCIM-Clean-up-19

## General Information

Project Name: Status of Filing in Domicile:  
Project Number: UCIM-Clean-up-19 Domicile Status Comments:  
Reference Organization: AAIS Reference Number: AAIS-2004-9, AAIS-2004-9-initial series of forms, AAIS-2004-28-06 04 series of forms, AAIS-2004-84, AAIS-2006-67IMG, AAIS-2007-8IMG, AAIS-2007-22, AAIS-2007-63, AAIS-2008-50, AAIS-2012-2F, AAIS-2016-53F, SERFF #: AMAX-130809083  
Reference Title: Advisory Org. Circular: 04-0171, 04-0367, 05-0056, 07-0211, 07-0887, 07-1026, 07-2166, 08-2667, 12-0135, 17-0077  
Filing Status Changed: 12/12/2019  
State Status Changed: Deemer Date:  
Created By: Patty Johnson Submitted By: Patty Johnson  
Corresponding Filing Tracking Number:

### Filing Description:

With this filing, we are submitting a form revision. Please refer to the attached form memorandum for complete details. In addition, we are adopting the following AAIS filing numbers:

AAIS-2004-9  
AAIS-2004-9 - initial 04 04 series of forms  
AAIS-2004-28 - 06 04 series of forms  
AAIS-2004-84  
AAIS-2006-67IMG  
AAIS-2007-8IMG  
AAIS-2007-22  
AAIS-2007-63  
AAIS-2008-50  
AAIS-2012-2F  
AAIS-2016-53F, SERFF #: AMAX-130809083

Supplementing this filing are the following:

Form Memorandum  
Final copies of the forms

We respectfully request your acknowledgment of this filing to be applicable to policies written on or after March 1, 2020.  
Thank you.

## Company and Contact

### Filing Contact Information

Patty Johnson, Filings Analyst	Patty.M.Johnson@EMCIns.com
PO Box 712	800-247-2128 [Phone] 2282 [Ext]
Des Moines, IA 50306-0712	515-345-2223 [FAX]

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**Filing Company Information**

Employers Mutual Casualty Company 717 Mulberry Street Des Moines, IA 50309 (515) 280-2511 ext. [Phone]	CoCode: 21415 Group Code: 62 Group Name: EMC Insurance Companies FEIN Number: 42-0234980	State of Domicile: Iowa Company Type: P & C State ID Number:
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**Filing Fees**

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State: District of Columbia

TOI/Sub-TOI: 09.0 Inland Marine/09.0005 Other Commercial Inland Marine

Product Name: Uncontrolled Inland Marine

Project Name/Number: /UCIM-Clean-up-19

Filing Company:

Employers Mutual Casualty Company

## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Commercial Inland Marine Declarations	CM7000	1-99	DEC	New			CM7000 1-99.pdf
2		Commercial Inland Marine Schedule	CM7001A	9-97	DEC	New			CM7001A 9-97.pdf
3		Quick Reference	CM7004	9-06	OTH	New			CM7004 9-06.pdf
4		Theft of Property From Fire and Rescue Vehicles	CM7015	6-06	END	New			CM7015 6-06.pdf
5		Theft Limitation Endorsement	CM7019	10-96	END	New			CM7019 10-06.pdf
6		Loss Payable Endorsement	CM7021	11-01	END	New			CM7021 11-01.pdf
7		Theft Sublimit Endorsement	CM7024	10-05	END	New			CM7024 10-05.pdf
8		Contractors Equipment Supplemental Declarations	CM7180	10-05	DEC	New			CM7180 10-05.pdf
9		Underground Exclusion Endorsement	CM7181.7	10-05	END	New			CM7181.7 10-05.pdf
10		Watercraft Extension	CM7181.8	6-06	END	New			CM7181.8 6-06.pdf
11		Theft Limitation Endorsement	CM7181.9	10-05	END	New			CM7181.9 10-05.pdf
12		Coverage Extension Endorsement	CM7185	10-05	END	New			CM7185 10-05.pdf
13		Newly Purchased Property	CM7186	10-05	END	New			CM7186 10-05.pdf
14		Trailers Endorsement	CM7190	10-05	END	New			CM7190 10-05.pdf
15		Electrical Data Processing Scheduled Limits Supplemental Declatratons	CM7220	9-09	DEC	New			CM7220 9-09.pdf

SERFF Tracking #:

EMCC-132184840

State Tracking #:

Company Tracking #:

DC-UCIM-2019-01

State: District of Columbia

TOI/Sub-TOI: 09.0 Inland Marine/09.0005 Other Commercial Inland Marine

Product Name: Uncontrolled Inland Marine

Project Name/Number: /UCIM-Clean-up-19

Filing Company:

Employers Mutual Casualty Company

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
16		Data Processing Computer Coverage Supplemental Declarations	CM7220.1	9-09	DEC	New			CM7220.1 9-09.pdf
17		Electrical Data Processing Blanket Limits Supplemental Declarations	CM7220.2	9-09	DEC	New			CM7220.2 9-09.pdf
18		Riggers Liability Supplemental Declarations	CM7270	10-07	DEC	New			CM7270 10-07.pdf
19		Installation Supplemental Declarations Reporting Form	CM7280	7-07	DEC	New			CM7280 7-07.pdf
20		Installation Coverage - Non-Reporting Testing Coverage Supplemental Declarations	CM7280.1	7-07	DEC	New			CM7280.1 7-07.pdf
21		Scheduled Property Floater Supplemental Declarations Policy Level	CM7320	5-06	DEC	New			CM7320 5-06.pdf
22		Scheduled Property Floater Supplemental Declarations Location Level	CM7320.1	5-06	DEC	New			CM7320.1 5-06.pdf
23		Additional Acquired Property Endorsement	CM7324	6-06	END	New			CM7324 6-06.pdf
24		Fire Department Service Charge Additional Coverage	CM7325	6-06	END	New			CM7325 6-06.pdf
25		Motor Truck Cargo Legal Liability Schedule	CM7340	5-07	DEC	New			CM7340 5-07.pdf
26		Owners Motor Truck Cargo Schedule	CM7340.1	5-07	DEC	New			CM7340.1 5-07.pdf
27		Reporting Conditions Endorsement	CM7341.1	5-07	END	New			CM7341.1 5-07.pdf
28		Scheduled Vehicle Endorsement	CM7348	5-07	END	New			CM7348 5-07.pdf

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Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
29		Transportation Schedule	CM7410	2-08	DEC	New			CM7410 2-08.pdf
30		Reporting Conditions Endorsement	CM7413	2-08	END	New			CM7413 2-08.pdf
31		Loading and Unloading Exclusion	CM7414	2-08	END	New			CM7414 2-08.pdf
32		Trip Transit Schedule	CM7420	2-08	DEC	New			CM7420 2-08.pdf
33		EMC EDP Blanket Limits Supplemental Questionnaire	CM8058	10-09	ERS	New			CM8058 10-09.pdf
34		EMC Computer Coverage Supplemental Questionnaire	CM8059	10-09	ERS	New			CM8059 10-09.pdf
35		EMC EDP Scheduled Limits Supplemental Questionnaire	CM8060	10-09	ERS	New			CM8060 10-09.pdf
36		EMC Drone Inland Marine Supplemental Questionnaire	CM8067	2-19	ERS	New			CM8067 2-19.pdf

#### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other

# COMMERCIAL INLAND MARINE DECLARATIONS

PRIOR  
POL. NO.

Policy Period From: \_\_\_\_\_ To: \_\_\_\_\_

POLICY  
NUMBER

Named Insured \_\_\_\_\_

Mailing Address \_\_\_\_\_

The Named Insured is ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other \_\_\_\_\_

Producer \_\_\_\_\_



☐ Employers Mutual Casualty Company

☐ EMCASCO Insurance Company

☐ Union Insurance Company of Providence

☐ Hamilton Mutual Insurance Company

☐ Dakota Fire Insurance Company

☐ Illinois EMCASCO Insurance Company

☐ EMC Property & Casualty Company

(Coverage Provided by the Company Designated ☐ Above)

Coverage Form and Deductible	Limit	Premium

Total Premium \$ \_\_\_\_\_

Forms Applicable: (☐ If this box is checked, the forms shown on the Common Declarations are not applicable to this Section.)

Loss Payee: Loss, if any, will be adjusted with the named insured and

C O M M E R C I A L I N L A N D M A R I N E S C H E D U L E ( P )

801 CONTRACTORS EQUIPMENT (PRINT AIS ON SCREEN BUT NOT ON PAPER)

(WD) \$XXXXX DEDUCTIBLE APPLIES PER OCCURRENCE TO THE FOLLOWING ITEMS

(WD) (\$XXXXX DEDUCTIBLE APPLIES TO THE FOLLOWING COVERED PERILS-XXXXXXXXXXXXX  
XX  
AND \$XXXXX DEDUCTIBLE APPLIES TO ALL  
OTHER COVERED PERILS PER OCCURRENCE TO THE FOLLOWING ITEMS)

(%) (XXX% DEDUCTIBLE APPLIES PER OCCURRENCE TO THE FOLLOWING ITEMS WITH A  
MAXIMUM DEDUCTIBLE OF \$XXXXX AND A MINIMUM DEDUCTIBLE OF \$XXXXX)

XXX% COINSURANCE (80%, 90% OR 100%)

(WD) \$XX,XXX,XXX CATASTROPHE LIMIT - THE MOST "WE" PAY FOR LOSS IN ANY ONE  
OCCURRENCE

COVERAGE EXTENSIONS

ADDITIONAL DEBRIS REMOVAL EXPENSES \$X,XXX,XXX

SUPPLEMENTAL COVERAGES

EMPLOYEE TOOLS (WD/NC) \$X,XXX,XXX

NEWLY PURCHASED EQUIPMENT

PERCENTAGE OF CATASTROPHE LIMIT XXX%

DOLLAR LIMIT (WD/NC) \$X,XXX,XXX

POLLUTANT CLEANUP AND REMOVAL (WD/NC) \$X,XXX,XXX

RENTAL REIMBURSEMENT LIMIT (WD/NC) \$X,XXX,XXX

WAITING PERIOD (DAYS) XXX HRS

SPARE PARTS AND FUEL (WD/NC) \$X,XXX,XXX

ACTUAL CASH VALUE/REPLACEMENT COST

DEDUCTIBLE \$XXXXX (ONLY PRINTS IF SEP DED ON ITEM)

(WD) XXX XX XX \$X,XXX,XXX  
XX

ACTUAL CASH VALUE/REPLACEMENT COST

DEDUCTIBLE \$XXXXX (ONLY PRINTS IF SEP DED ON ITEM)

(WD) XXX XX XX \$X,XXX,XXX  
XX

PREMIUM \$X,XXX,XXX

(PRINT AIS ON SCREEN BUT NOT ON PAPER)

858 CONTRACTORS EQUIPMENT - ADDITIONAL COVERAGES ENDORSEMENT

FRAUD AND DECEIT - THE MOST "WE" PAY IN ANY ONE  
OCCURRENCE FOR THEFT RESULTING FROM FRAUD AND  
DECEIT IS: (WD/NC) \$X,XXX,XXX

RECHARGE OF FIRE EXTINGUISHING EQUIPMENT - THE  
MOST "WE" PAY IN ANY ONE OCCURRENCE FOR "YOUR"  
RECHARGE EXPENSES IS: (WD/NC) \$X,XXX,XXX

REWARD FOR RECOVERY OF STOLEN EQUIPMENT - THE  
MOST "WE" PAY IN ANY ONE OCCURRENCE FOR  
INFORMATION THAT LEADS TO THE RECOVERY OF  
PROPERTY IS: (WD/NC) \$X,XXX,XXX

ANNUAL PREMIUM \$X,XXX,XXX (WD)



855 CONTRACTORS EQUIPMENT - SMALL TOOLS FLOATER

LIMIT FOR YOUR TOOLS-ANY ONE ITEM	(WD/NC)	\$X,XXX,XXX
LIMIT FOR YOUR TOOLS-ANY ONE OCCURRENCE	(WD/NC)	\$X,XXX,XXX
LIMIT FOR EMPLOYEE TOOLS-ANY ONE ITEM	(WD/NC)	\$X,XXX,XXX
LIMIT FOR EMPLOYEE TOOLS-ANY ONE OCCURRENCE	(WD/NC)	\$X,XXX,XXX
LIMIT FOR YOUR TOOLS LEASED OR RENTED		
FROM OTHERS-ANY ONE ITEM	(WD/NC)	\$X,XXX,XXX
LIMIT FOR YOUR TOOLS LEASED OR RENTED		
FROM OTHERS-ANY ONE OCCURRENCE	(WD/NC)	\$X,XXX,XXX

DEDUCTIBLE \$X,XXX,XXX (WD)

ANNUAL PREMIUM: \$X,XXX,XXX (WD)

(PRINT AGIS ON SCREEN NOT ON PAPER)

## 836 AAIS CONTRACTORS EQUIPMENT - PROPERTY LOANED TO OTHERS

PROPERTY LOANED TO OTHERS - ANY ONE OCCURRENCE	(WD)	\$X,XXX,XXX
PROPERTY LOANED TO OTHERS - ANY ONE ITEM	(WD)	\$X,XXX,XXX

DEDUCTIBLE \$X,XXX,XXX (WD)

ANNUAL PREMIUM	\$X,XXX,XXX	(WD)
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[illegible]

## 856 CONTRACTORS EQUIPMENT - TRAILERS

CONSTRUCTION TRAILERS - THE MOST "WE" PAY IN ANY ONE OCCURRENCE FOR ANY ONE "CONSTRUCTION TRAILER" AND THE CONTENTS IN THE TRAILER IS: (WD) \$X,XXX,XXX

THE MOST "WE" PAY IN ANY ONE OCCURRENCE FOR ALL "CONSTRUCTION TRAILERS" AND THE CONTENTS IN THE TRAILERS IS: (WD) \$X,XXX,XXX

DEDUCTIBLE \$X,XXX,XXX (WD)

ANNUAL PREMIUM \$X,XXX,XXX (WD)

(OTHER NECESSARY WORDING IF ANY)

C O M M E R C I A L I N L A N D M A R I N E S C H E D U L E (P)

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(PRINT AAIS ON SCREEN NOT ON PAPER)

838 CONTRACTORS EQUIPMENT - LEASED OR RENTED TO OTHERS

(839) LIMITS OF INSURANCE:

R EQUIPMENT LIMIT - THE MOST "WE" WILL PAY FOR ANY  
ONE PIECE OF EQUIPMENT THAT IS LEASED OR RENTED  
TO OTHERS IS: (WD) \$X,XXX,XXX

CATASTROPHE LIMIT - THE MOST "WE" WILL PAY IN  
ANY ONE OCCURRENCE FOR LOSS TO EQUIPMENT LEASED  
OR RENTED TO OTHERS IS: (WD) \$X,XXX,XXX

ACTUAL CASH VALUE/REPLACEMENT COST

DEDUCTIBLE \$X,XXX,XXX (WD)

NON-REPORTING FORM PREMIUM \$X,XXX,XXX (WD)

REPORTING FORM - DEPOSIT PREMIUM \$X,XXX,XXX (WD)

RATE PER \$100 X.XXX (RATE)

REPORTING FREQUENCY--A

ADJUSTMENT FREQUENCY--A

MINIMUM PREMIUM \$X,XXX,XXX (WD)

(OTHER NECESSARY WORDING IF ANY)

823 CONTRACTORS EQUIPMENT - BUSINESS INCOME(PRINT AAIS ON SCREEN NOT PAPER)

LIMITS OF INSURANCE

MAXIMUM LIMIT PER OCCURRENCE (WD) \$X,XXX,XXX

ANNUAL PREMIUM \$X,XXX,XXX (WD)

(OTHER NECESSARY WORDING IF ANY)

835 CONTRACTORS EQUIPMENT - TOOLS

LIMITS OF INSURANCE

YOUR TOOLS -- THE MOST "WE" PAY FOR LOSS TO ANY  
ONE "TOOL" IS: (WD) \$X,XXX,XXX

YOUR TOOLS -- THE MOST "WE" PAY IN ANY ONE  
OCCURRENCE FOR LOSS TO "YOUR" "TOOLS" IS: (WD) \$X,XXX,XXX

DEDUCTIBLE \$X,XXX,XXX (WD)

ANNUAL PREMIUM \$X,XXX,XXX (WD)

(OTHER NECESSARY WORDING IF ANY)

857 CONTRACTORS EQUIPMENT - WATERBORNE EQUIPMENT

LIMITS OF INSURANCE

WATERBORNE EQUIPMENT LIMIT (WD) \$X,XXX,XXX

DEDUCTIBLE \$X,XXX,XXX (WD)

ANNUAL PREMIUM \$X,XXX,XXX (WD)

C O M M E R C I A L I N L A N D M A R I N E S C H E D U L E (P)

(PRINT AAIS ON SCREEN NOT ON PAPER)

840 AAIS CONTRACTORS EQUIPMENT - LEASED OR RENTED FROM OTHERS  
(837) LIMITS OF INSURANCE:  
THE MOST "WE" PAY FOR LOSS TO ANY ONE ITEM (WD) \$X,XXX,XXX  
THE MOST "WE" PAY FOR LOSS IN ANY ONE OCCURRENCE (WD) \$X,XXX,XXX

ACTUAL CASH VALUE/REPLACEMENT COST

DEDUCTIBLE \$X,XXX,XXX (WD)  
OR  
DEDUCTIBLE XXX% (%)  
PERCENTAGE DEDUCTIBLE APPLIES PER OCCURRENCE TO THE ABOVE ITEMS WITH  
A MAXIMUM DEDUCTIBLE OF \$XXXXX AND A MINIMUM DEDUCTIBLE OF \$XXXXX

NON-REPORTING FORM PREMIUM \$X,XXX,XXX (WD)  
REPORTING FORM - DEPOSIT PREMIUM \$X,XXX,XXX (WD)  
RATE PER \$100 X.XXX (RATE)  
REPORTING FREQUENCY--ANNUAL  
ADJUSTMENT FREQUENCY--ANNUAL  
MINIMUM PREMIUM \$X,XXX,XXX (WD)

(OTHER NECESSARY WORDING IF ANY)

QUICK REFERENCE  
**COMMERCIAL INLAND MARINE COVERAGE PART**  
**READ YOUR POLICY CAREFULLY**

**DECLARATIONS PAGE**

Named Insured and Mailing Address  
Policy Period  
Producer  
Description of Business  
Coverages, Limits of Insurance, and Premium  
Forms Applicable

**COVERAGE FORM(S)**

Agreement  
Definitions  
Property Covered  
Property Not Covered  
Additional Coverages, Extensions and Supplemental Coverages  
Perils Covered  
Perils Excluded  
What Must Be Done In Case Of A Loss  
Valuation

**How Much We Pay**

- Insurable Interest
- Deductible
- Loss Settlement Terms
- Coinsurance
- Insurance Under More Than One Coverage
- Insurance Under More Than One Policy

**Loss Payment**

**Other Conditions**

- Appraisal
- Benefit To Others
- Conformity With Statutes
- Estates
- Misrepresentation, Concealment Or Fraud
- Policy Period
- Recoveries
- Restoration Of Limits
- Subrogation
- Suits Against Us
- Territorial Limits

**COMMON POLICY CONDITIONS**

Assignment  
Cancellation  
Changes, Modifications, or Waiver Of Policy Terms  
Inspections  
Examination Of Books And Records

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**THEFT OF PROPERTY FROM FIRE AND RESCUE VEHICLES**

This endorsement modifies insurance provided under the following:

**SCHEDULED PROPERTY FLOATER COVERAGE**

Paragraph **2.J., Theft From An Unattended Vehicle** under **PERILS EXCLUDED** is deleted in its entirety and replaced by the following:

"We" do not pay for theft from an unattended vehicle except when it is securely locked, its windows are fully closed, and there is visible evidence that entry into the vehicle was forced. This exclusion does not apply to covered property in the custody of a carrier for hire or for fire and rescue vehicles.

**THIS ENDORSEMENT CHANGES THE SCHEDULED PROPERTY FLOATER COVERAGE.  
PLEASE READ IT CAREFULLY.**

## **THEFT LIMITATION ENDORSEMENT**

### **ADDITIONAL DEFINITIONS**

As used in this endorsement

"jobsite" means any location, project, or work site where "you" are in the process of construction, installation, erection, repair or moving.

### **PERILS EXCLUDED**

**Paragraph 2.J., Theft From An Unattended Vehicle** under **PERILS EXCLUDED** is deleted in its entirety and replaced by the following:

#### **Theft From An Unattended Vehicle, Pickup Truck or Trailer**

"We" do not pay for theft from an unattended vehicle except when it is securely locked, its windows are fully closed, and there is visible evidence that entry into the vehicle was forced.

"We" do not pay for theft of property left unattended in the bed of an unattended pickup truck, in a trailer attached to an unattended vehicle or in an unattended unattached trailer.

A vehicle, pickup truck or trailer is not unattended at times any of the insured's operations are being performed at the "jobsite".

These exclusions do not apply to covered property in the custody of a carrier for hire.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## LOSS PAYABLE ENDORSEMENT

In addition to the policy "terms" contained within the Inland Marine Coverage(s), the following conditions apply to described property as indicated on the "declarations."

### DEFINITIONS

1. The words "you" and "your" mean the persons or organizations named as the insured on the "declarations."
2. The words "we," "us," and "our" mean the company providing this coverage.
3. "Declarations" means all pages labeled Declarations, Supplemental Declarations, or Schedules, which pertain to this coverage.
4. "Terms" means all provisions, limitations, exclusions, conditions, and definitions that apply.

### LOSS PAYABLE

Any loss shall be adjusted with "you" and shall be payable to "you" and the loss payee described on the "declarations" as "your" and their interests appear.

### LENDER'S LOSS PAYABLE

Any loss shall be payable to "you" and the loss payee described on the "declarations" as interests appear. If more than one loss payee is named, they shall be paid in order of precedence.

The insurance for the loss payee continues in effect even when "your" insurance may be void because of

"your" acts, neglect, or failure to comply with the coverage "terms". The insurance for the loss payee does not continue in effect if the loss payee is aware of changes in ownership or substantial increase in risk and does not notify "us."

"We" may request payment of the premium from the loss payee, if "you" fail to pay the premium.

If "we" pay the loss payee for a loss where "your" insurance may be void, the loss payee's right to collect that portion of the debt from "you" then belongs to "us." This does not affect the loss payee's right to collect the remainder of the debt from "you". As an alternative, "we" may pay the loss payee the remaining principal and accrued interest in return for a full assignment of the loss payee's interest and any instruments given as security for the debt. If "we" cancel or choose not to renew this policy, "we" will provide notice to the loss payee using the same "terms" as the cancellation or nonrenewal notice "we" provide to "you".

### CONTRACT OF SALE

Any loss shall be adjusted with "you" and shall be payable to "you" and the loss payee described on the "declarations" as "your" and their interests appear.

The loss payee described is a person or organization "you" have entered into a contract with for the sale of covered property.

When covered property is the subject of a contract of sale, the word "you" also means the loss payee.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## THEFT SUBLIMIT ENDORSEMENT

### SCHEDULE\*

Limit for Theft

Theft Limit: \$ \_\_\_\_\_

Theft Deductible: \$ \_\_\_\_\_

(\*If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

### PERILS LIMITED

We do not pay more for loss caused by the peril of theft than the limit shown above.

### HOW MUCH WE PAY

Coinsurance provisions under How Much We Pay do not apply to the theft sublimit.



# CONTRACTORS EQUIPMENT SUPPLEMENTAL DECLARATIONS

POLICY NUMBER
------------------

Named Insured \_\_\_\_\_

Effective Date of This Form If Different from Policy Effective Date \_\_\_\_\_

☐ **SCHEDULED EQUIPMENT**

ITEM NO.	DESCRIPTION OF EQUIPMENT	LIMIT	RATE OR PREMIUM
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	Catastrophe Limit	\$ _____	

☐ **SCHEDULE ON FILE**

Catastrophe Limit \$ \_\_\_\_\_

**COVERAGE EXTENSIONS**

Additional Debris Removal Expenses \$ \_\_\_\_\_

**SUPPLEMENTAL COVERAGES**

Employee Tools \$ \_\_\_\_\_

Newly Purchased Equipment \$ \_\_\_\_\_

Percentage of Catastrophe Limit \_\_\_\_\_ %

Dollar Limit \$ \_\_\_\_\_

Pollutant Clean-Up \$ \_\_\_\_\_

Rental Reimbursement Limit \$ \_\_\_\_\_

Waiting Period \_\_\_\_\_ Hours

Spare Parts and Fuel \$ \_\_\_\_\_

**DEDUCTIBLE**

\$ \_\_\_\_\_ Flat Deductible applies per occurrence to the above items

\$ \_\_\_\_\_ Deductible applies to the following covered perils \_\_\_\_\_

\$ \_\_\_\_\_ Deductible applies to all other covered perils per occurrence to the above items.

\_\_\_\_\_ % Deductible applies per occurrence to the above items with a maximum deductible of \$ \_\_\_\_\_

And a minimum deductible of \$ \_\_\_\_\_

**COINSURANCE** (check one of the following)

☐ 80%

☐ 90%

☐ 100%

**THIS ENDORSEMENT CHANGES THE CONTRACTORS' EQUIPMENT COVERAGE.  
PLEASE READ IT CAREFULLY.**

## **UNDERGROUND EXCLUSION ENDORSEMENT**

### **PROPERTY NOT COVERED**

The following exclusion is added to Property Not Covered.

**Underground equipment** – "We" do not cover contractors equipment used for mining, tunneling or drilling, while being used underground.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WATERCRAFT EXTENSION**

This endorsement modifies insurance provided under the following:

### **SCHEDULED PROPERTY FLOATER COVERAGE FORM**

The following is added to **Property Not Covered**:

Coverage is extended to Watercraft and Waterborne Property as noted below.

This coverage is amended in accordance with the box or boxes checked below. Either or both boxes may be checked, but a box must be checked in order for that provision to apply.

- ☐ Item **1.** is amended to **Aircraft** – “We” do not cover aircraft.
- ☐ Item **6. Waterborne Property** is deleted.

**THIS ENDORSEMENT CHANGES THE CONTRACTORS' EQUIPMENT COVERAGE  
PLEASE READ IT CAREFULLY.**

## **THEFT LIMITATION ENDORSEMENT**

### **ADDITIONAL PERILS EXCLUDED**

#### **Theft From An Unattended Vehicle**

"We" do not pay for theft from an unattended vehicle except when it is securely locked, its windows are fully closed, and there is visible evidence that entry into the vehicle was forced.

#### **Theft From An Unattended Pickup Truck**

"We" do not pay for theft of property left unattended in the bed of a pickup truck.

These exclusions do not apply to covered property in the custody of a carrier for hire.

The vehicle or pickup will not be considered unattended at a "jobsite", during normal business hours.

**THIS ENDORSEMENT CHANGES THE CONTRACTORS' EQUIPMENT COVERAGE  
PLEASE READ IT CAREFULLY.**

**COVERAGE EXTENSION ENDORSEMENT**

**SUPPLEMENTAL COVERAGE is amended as follows:**

- 3. Newly Purchased Property** – Coverage for newly purchased property is extended from 60 to 90 days after you obtain the additional "Contractors Equipment."

**SUPPLEMENTAL COVERAGE added as follows:**

- 7.** Equipment of others in "your" care, custody, or control including unscheduled contractor equipment you borrow from others. Unscheduled contractors equipment borrowed coverage is subject to the following:
- (1)** \$250 deductible per occurrence; or
  - (2)** the most we will pay for loss to any one item or piece of equipment is \$1,000.

**THIS ENDORSEMENT CHANGES THE CONTRACTORS' EQUIPMENT COVERAGE  
PLEASE READ IT CAREFULLY.**

**NEWLY PURCHASED PROPERTY**

**Supplemental Coverage is amended as follows:**

**3. Newly Purchased Property**

**c. Time Limitation** – This section is replaced by the following:

"We" extend coverage to the additional "Contractors' Equipment" that "You" purchase.

This supplemental coverage will end when any of the following first occur:

- 1)** This policy expires; or
- 2)** "You" report the additional "contractors' equipment" to "Us".

**d. Additional Premium** – This section is replaced by the following:

"You" must report any additional "Contractors' Equipment" within 30 days of "Our" policy's expiration or cancellation. "You" must pay any additional premium due from the date "You" purchase the additional "Contractors' Equipment".

**THIS ENDORSEMENT CHANGES THE CONTRACTOR'S EQUIPMENT COVERAGE  
PLEASE READ IT CAREFULLY.**

**TRAILERS ENDORSEMENT**

**SCHEDULE\***

<b>Construction Trailers</b>	<b>Limit</b>
The most "we" will pay in any one occurrence for any one "construction trailer" and the contents in the trailer is:	\$ _____
The most "we" will pay in any one occurrence for all "construction trailers" and the contents in the trailers is:	\$ _____
<b>Deductible</b>	
Deductible Amount     \$ _____	
(*If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)	

**ADDITIONAL DEFINITIONS**

"Construction trailer" means "your" transportable trailer or transportable trailer of others in "your" care, custody, or control used at "jobsites" as an office or for storage.

- b. Coverage Limitation** – "We" only cover "construction trailers" and the contents within the trailers while the trailers are at a "jobsite", in storage, or in transit between a "jobsite" and storage.

**SUPPLEMENTAL COVERAGES**

**1. Construction Trailers**

- a. Coverage** – "We" cover direct physical loss caused by a covered peril to "construction trailers" and the contents within the trailers.

**HOW MUCH WE PAY**

**Trailers Deductible** – "We" pay only that part of "your" loss over the deductible amount indicated for trailers.

# ELECTRICAL DATA PROCESSING SCHEDULED LIMITS SUPPLEMENTAL DECLARATIONS

POLICY NUMBER
------------------

Named Insured: \_\_\_\_\_

Effective Date of This Form If Different from Policy Effective Date: \_\_\_\_\_

## SCHEDULED LOCATION:

### DEDUCTIBLES

Applies to all covered perils unless a different deductible is indicated below	\$	_____
Applies to Earthquake and Volcanic Eruption	\$	_____
Applies to "Flood"	\$	_____
Applies to "Mechanical Breakdown", "Electrical Disturbance" and "Power Supply Disturbance"	\$	_____

### COVERAGE LIMITS

"Hardware"	\$	_____
"Media"	\$	_____
"Programs and Applications"	\$	_____
"Data Records"	\$	_____
"Proprietary Programs"	\$	_____
Income Coverage <input type="checkbox"/> Earnings and Extra Expense <input type="checkbox"/> Extra Expense		
Earthquake    "Aggregate" Limit	\$	_____
"Occurrence" Limit	\$	_____
"Catastrophe" Limit	\$	_____
Flood    "Aggregate" Limit	\$	_____
"Occurrence" Limit	\$	_____
"Catastrophe" Limit	\$	_____
Sewer Backup    "Aggregate" Limit	\$	_____
"Occurrence" Limit	\$	_____
"Catastrophe" Limit	\$	_____

**COINSURANCE –** ( ☐ 80%,   ☐ 90%,   ☐ 100%,   ☐ Waived,   ☐ Other )

### EQUIPMENT COVERAGE EXTENSIONS

Additional Debris Removal Expenses	\$	_____
Electrical and Power Supply Disturbance		Covered
Emergency Removal		_____
Emergency Removal Expenses	\$	_____
Fraud and Deceit	\$	_____
Mechanical Breakdown Coverage		Covered

### EQUIPMENT SUPPLEMENTAL COVERAGES

Acquired Locations	\$	_____
Earthquake Coverage	\$	_____
Flood Coverage	\$	_____
Newly Purchased or Leased Hardware	\$	_____
Off Site Computers	\$	_____



**EQUIPMENT SUPPLEMENTAL COVERAGES (Cont'd)**

Pollutant Cleanup and Removal	\$	_____
Property In Transit	\$	_____
Protection and Control Systems	\$	_____
Recharge of Fire Extinguishing Equipment	\$	_____
Reproduction Equipment	\$	_____
Sewer Backup	\$	_____
Software Storage	\$	_____
Telecommunications Equipment	\$	_____
Virus and Hacking		
Limit Any One Occurrence	\$	_____
Limit Each Separate 12 Month Period	\$	_____

**Income Coverage Extensions**

Interruption By Civil Authority	\$	_____
Period Of Loss Extension	\$	_____

**Supplemental Income Coverages**

Acquired Locations	\$	_____
Earthquake	\$	_____
Flood	\$	_____
Off Premises Utility Service Interruption	\$	_____
Overhead Transmission Lines	\$	_____
Waiting Period	\$	_____
Property In Transit	\$	_____
Sewer Backup	\$	_____
Virus And Hacking	\$	_____
Limit Any One Occurrence	\$	_____
Limit Each Separate 12 Month Period	\$	_____
Waiting Period	\$	_____

**Telecommunications Equipment****Reproduction Equipment****Foreign Transit And Location Limit****PREMIUM**

Non-Reporting Form Premium	\$	_____
Optional Coverages and Endorsements		

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# DATA PROCESSING COMPUTER COVERAGE SUPPLEMENTAL DECLARATIONS

POLICY  
NUMBER

Named Insured: \_\_\_\_\_

Effective Date of This Form If Different from Policy Effective Date: \_\_\_\_\_

## SCHEDULED LOCATION:

### DEDUCTIBLES

Applies to all covered perils unless a different deductible is indicated below \$ \_\_\_\_\_  
Applies to Earthquake and Volcanic Eruption \$ \_\_\_\_\_  
Applies to "Flood" \$ \_\_\_\_\_  
Applies to "Mechanical Breakdown", "Electrical Disturbance" and "Power Supply Disturbance" \$ \_\_\_\_\_

### COVERAGE LIMITS

☐ Actual Cash Value    ☐ Replacement Cost  
"Hardware" \$ \_\_\_\_\_  
"Programs and Applications" and "Media" \$ \_\_\_\_\_  
Income Coverage    ☐ Earnings and Extra Expense    ☐ Extra Expense \$ \_\_\_\_\_  
Earthquake    "Aggregate" Limit \$ \_\_\_\_\_  
                  "Occurrence" Limit \$ \_\_\_\_\_  
                  "Catastrophe" Limit \$ \_\_\_\_\_  
Flood    "Aggregate" Limit \$ \_\_\_\_\_  
          "Occurrence" Limit \$ \_\_\_\_\_  
          "Catastrophe" Limit \$ \_\_\_\_\_  
Sewer Backup    "Aggregate" Limit \$ \_\_\_\_\_  
                  "Occurrence" Limit \$ \_\_\_\_\_  
                  "Catastrophe" Limit \$ \_\_\_\_\_

**COINSURANCE –** (☐ 80%,   ☐ 90%,   ☐ 100%,   ☐ Waived,   ☐ Other)

### COVERAGE EXTENSIONS

Additional Debris Removal Expenses \$ \_\_\_\_\_  
Electrical and Power Supply Disturbance Covered  
Emergency Removal \_\_\_\_\_  
Emergency Removal Expenses \$ \_\_\_\_\_  
Electrical and Power Supply Disturbance Covered  
– 500 Feet Limitation \_\_\_\_\_  
Fraud and Deceit \$ \_\_\_\_\_  
Mechanical Breakdown Coverage Covered

### SUPPLEMENTAL COVERAGES

Acquired Locations \$ \_\_\_\_\_  
Earthquake Coverage \$ \_\_\_\_\_  
Flood Coverage \$ \_\_\_\_\_  
Newly Purchased or Leased Hardware \$ \_\_\_\_\_

**SUPPLEMENTAL COVERAGES (Cont'd)**

Off Site Computers	\$	_____
Pollutant Cleanup and Removal	\$	_____
Property In Transit	\$	_____
Proprietary Programs and Data Records	\$	_____
Sewer Backup	\$	_____
Software Storage	\$	_____
Virus and Hacking		
Limit Any One Occurrence	\$	_____
Limit Each Separate 12 Month Period	\$	_____

**Income Coverage Extensions**

Interruption By Civil Authority	\$	_____
Period Of Loss Extension	\$	_____

**Supplemental Income Coverages**

Acquired Locations	\$	_____
Earthquake	\$	_____
Flood	\$	_____
Off Premises Utility Service Interruption	\$	_____
Overhead Transmission Lines	\$	_____
Waiting Period	\$	_____
Property In Transit	\$	_____
Sewer Backup	\$	_____
Virus And Hacking		
Limit Any One Occurrence	\$	_____
Limit Each Separate 12 Month Period	\$	_____
Waiting Period		_____

<b>Foreign Transit And Location Limit</b>	\$	_____
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**Additional Property**

Accounts Receivable		
The most "we" pay in any one occurrence for loss to Accounts Receivable	\$	_____
Power Protection Equipment		
The most "we" pay in any one occurrence for loss to "Power Protection Equipment"	\$	_____
Reproduction Equipment		
The most "we" pay in any one occurrence for loss to "Reproduction Equipment"	\$	_____
Telecommunications Equipment		
The most "we" pay in any one occurrence for loss to "Telecommunications Equipment"	\$	_____
Valuable Papers		
The most "we" pay in any one occurrence for loss to "Valuable Papers"	\$	_____

**PREMIUM**

<b>NON-REPORTING FORM PREMIUM</b>	\$	_____
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**OPTIONAL COVERAGES AND ENDORSEMENTS**

# ELECTRICAL DATA PROCESSING BLANKET LIMITS SUPPLEMENTAL DECLARATIONS

POLICY NUMBER
------------------

Named Insured: \_\_\_\_\_

Effective Date of This Form If Different from Policy Effective Date: \_\_\_\_\_

## SCHEDULED LOCATION:

### DEDUCTIBLES

Applies to all covered perils unless a different deductible is indicated below	\$	_____
Applies to Earthquake and Volcanic Eruption	\$	_____
Applies to "Flood"	\$	_____
Applies to "Mechanical Breakdown", "Electrical Disturbance" and "Power Supply Disturbance"	\$	_____
Earthquake "Aggregate" Limit	\$	_____
"Occurrence" Limit	\$	_____
"Catastrophe" Limit	\$	_____
Flood "Aggregate" Limit	\$	_____
"Occurrence" Limit	\$	_____
"Catastrophe" Limit	\$	_____
Sewer Backup "Aggregate" Limit	\$	_____
"Occurrence" Limit	\$	_____
"Catastrophe" Limit	\$	_____

### COINSURANCE

"Hardware", "Media" and "Programs and Applications"	( <input type="checkbox"/> 80%, <input type="checkbox"/> 90%, <input type="checkbox"/> 100%, <input type="checkbox"/> Waived, <input type="checkbox"/> Other)
"Data Records" and "Proprietary Programs"	( <input type="checkbox"/> 80%, <input type="checkbox"/> 90%, <input type="checkbox"/> 100%, <input type="checkbox"/> Waived, <input type="checkbox"/> Other)
Income Coverage	( <input type="checkbox"/> 80%, <input type="checkbox"/> 90%, <input type="checkbox"/> 100%, <input type="checkbox"/> Waived, <input type="checkbox"/> Other)

### COVERAGE LIMITS

Catastrophe Limit – The most "we" pay for any combination of or total of losses arising under one or more coverages in any one occurrence. \$ \_\_\_\_\_

### EQUIPMENT LIMITS

Hardware – The most "we" pay for loss at any one location	\$	_____
Protection and Control Systems – The most "we" pay for loss at any one location	\$	_____
Telecommunications Equipment – The most "we" pay for loss at any one location	\$	_____
Reproduction Equipment – The most "we" pay for loss at any one location	\$	_____

### SOFTWARE LIMITS

Data Records – The most "we" pay for loss at any one location	\$	_____
Proprietary Programs – The most "we" pay for loss at any one location	\$	_____
Programs and Applications – The most "we" pay for loss at any one location	\$	_____
Media – The most "we" pay for loss at any one location	\$	_____

### INCOME COVERAGE

☐ Earnings and Extra Expense ☐ Extra Expense Only

Income Coverage – The most "we" pay for loss at any one location \$ \_\_\_\_\_

**COVERAGE EXTENSIONS**

Additional Debris Removal Expenses	\$ _____
Electrical and Power Supply Disturbance	Covered
Emergency Removal	_____
Emergency Removal Expenses	\$ _____
Fraud and Deceit	\$ _____
Mechanical Breakdown Coverage	Covered

**SUPPLEMENTAL COVERAGES**

Acquired Locations	\$ _____
Earthquake Coverage	\$ _____
Flood Coverage	\$ _____
Foreign Transit and Location Coverage	\$ _____
Incompatible Hardware and Media	\$ _____
Newly Purchased or Leased Hardware	\$ _____
Off Site Computers	\$ _____
Pollutant Cleanup and Removal	\$ _____
Property In Transit	\$ _____
Recharge of Fire Extinguishing Equipment	\$ _____
Sewer Backup	\$ _____
Software Storage	\$ _____
Virus and Hacking	_____
Limit Any One Occurrence	\$ _____
Limit Each Separate 12 Month Period	\$ _____

**INCOME COVERAGE EXTENSIONS**

Interruption By Civil Authority	\$ _____
Period Of Loss Extension	\$ _____

**SUPPLEMENTAL INCOME COVERAGES**

Acquired Locations	\$ _____
Earthquake	\$ _____
Flood	\$ _____
Utility Service Interruption	\$ _____
Overhead Transmission Lines	\$ _____
Waiting Period	\$ _____
Property In Transit	\$ _____
Sewer Backup	\$ _____
Virus And Hacking	\$ _____
Limit Any One Occurrence	\$ _____
Limit Each Separate 12 Month Period	\$ _____
Waiting Period	_____

**TELECOMMUNICATIONS EQUIPMENT**

\$ \_\_\_\_\_

**REPRODUCTION EQUIPMENT**

\$ \_\_\_\_\_

**FOREIGN TRANSIT AND LOCATION LIMIT**

\$ \_\_\_\_\_

**PREMIUM****NON-REPORTING FORM PREMIUM**

\$ \_\_\_\_\_

**OPTIONAL COVERAGES AND ENDORSEMENTS**

# RIGGERS LIABILITY SUPPLEMENTAL DECLARATIONS

POLICY NUMBER
------------------

Named Insured: \_\_\_\_\_

Effective Date of This Form If Different from Policy Effective Date: \_\_\_\_\_

**TYPE OF INSTALLATION WORK PERFORMED:**

\_\_\_\_\_  
**SCHEDULED LOCATION:**

\_\_\_\_\_  
**DEDUCTIBLES**

Applies to all Covered Causes of Loss \$ \_\_\_\_\_

**COVERAGE LIMITS**

Catastrophe Limit – The most “we” pay for loss in any one occurrence \$ \_\_\_\_\_

Any one Project Limit – The most “we” pay for loss to any one “rigging”, assembling or dismantling project \$ \_\_\_\_\_

**COVERAGE EXTENSIONS**

Additional Debris Removal Expenses \$ \_\_\_\_\_

Defense Costs \$ \_\_\_\_\_

**SUPPLEMENTAL COVERAGES**

Pollutant Cleanup and Removal \$ \_\_\_\_\_

Property In Storage \$ \_\_\_\_\_

Transit \$ \_\_\_\_\_

**PREMIUM**

Reporting Form - Deposit Premium \$ \_\_\_\_\_

Rate per \$100 of Gross Annual Receipts \$ \_\_\_\_\_

Reporting Frequency ☐ Monthly ☐ Quarterly ☐ Annually

Adjustment Frequency ☐ Monthly ☐ Quarterly ☐ Annually

Minimum Premium \$ \_\_\_\_\_

**PREMIUM**

Non-Reporting Form Premium \$ \_\_\_\_\_

Optional Coverages and Endorsements:

# INSTALLATION SUPPLEMENTAL DECLARATIONS REPORTING FORM

POLICY NUMBER
------------------

Named Insured: \_\_\_\_\_

Effective Date of This Form If Different from Policy Effective Date: \_\_\_\_\_

## TYPE OF INSTALLATION WORK PERFORMED:

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### DEDUCTIBLES

Applies to all Covered Causes of Loss except flood, earthquake and sewer backup	\$ _____
Applies to Earthquake Coverage	\$ _____
Applies to Flood Coverage	\$ _____
Applies to Sewer Backup Coverage	\$ _____

### COVERAGE LIMITS

Catastrophe Limit – The most "we" pay for loss in any one occurrence	\$ _____
Jobsite Limit – The most "we" pay for loss to any one "jobsite"	\$ _____

**COINSURANCE –**    ☐ 80%,    ☐ 90%,    ☐ 100%)

### COVERAGE EXTENSIONS

Additional Debris Removal Expenses	\$ _____
Emergency Removal	\$ _____
Limited Fungus Coverage	\$ _____

### SUPPLEMENTAL COVERAGES

Contract Penalty	\$ _____
Pollutant Cleanup and Removal	\$ _____
Sewer Backup Coverage	\$ _____
Storage Locations	\$ _____
Testing	\$ _____
Transit	\$ _____

### BUSINESS PERSONAL PROPERTY

The most "we" pay in any one occurrence for loss to Personal Property	\$ _____
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### EARTHQUAKE COVERAGE

Earthquake Limit – The most "we" pay for loss to property in any one building or structure	\$ _____
Earthquake Catastrophe Limit – The most "we" pay for loss in any one occurrence	\$ _____

### FLOOD COVERAGE

Flood Limit – The most "we" pay for loss to property in any one building or structure	\$ _____
Flood Catastrophe Limit – The most "we" pay for loss in any one occurrence	\$ _____

### PREMIUM

Reporting Form – Deposit Premium	\$ _____
Reporting Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Adjustment Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Minimum Premium	\$ _____
Optional Coverages and Endorsements	

# INSTALLATION COVERAGE – NON-REPORTING TESTING COVERAGE SUPPLEMENTAL DECLARATIONS

POLICY NUMBER
------------------

Named Insured: \_\_\_\_\_

Effective Date of This Form If Different from Policy Effective Date: \_\_\_\_\_

## TYPE OF INSTALLATION WORK PERFORMED:

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## SCHEDULED LOCATION:

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### DEDUCTIBLES

Applies to all Covered Causes of Loss except flood, earthquake and sewer backup	\$ _____
Applies to Earthquake Coverage	\$ _____
Applies to Flood Coverage	\$ _____
Applies to Sewer Backup Coverage	\$ _____

### COVERAGE LIMITS

Catastrophe Limit – The most "we" pay for loss in any one occurrence	\$ _____
Jobsite Limit – The most "we" pay for loss to any one "jobsite"	\$ _____

**COINSURANCE –** (☐ 80%, ☐ 90%, ☐ 100%, ☐ Waived, ☐ Other)

### COVERAGE EXTENSIONS

Additional Debris Removal Expenses	\$ _____
Emergency Removal	\$ _____
Limited Fungus Coverage	\$ _____

### SUPPLEMENTAL COVERAGES

Contract Penalty	\$ _____
Pollutant Cleanup and Removal	\$ _____
Sewer Backup Coverage	\$ _____
Storage Locations	\$ _____
Testing	\$ _____
Transit	\$ _____

### BUSINESS PERSONAL PROPERTY

The most "we" pay in any one occurrence for loss to Personal Property	\$ _____
---	----------

### EARTHQUAKE COVERAGE

Earthquake Limit – The most "we" pay for loss to property in any one building or structure	\$ _____
Earthquake Catastrophe Limit – The most "we" pay for loss in any one occurrence	\$ _____

### FLOOD COVERAGE

Flood Limit – The most "we" pay for loss to property in any one building or structure	\$ _____
Flood Catastrophe Limit – The most "we" pay for loss in any one occurrence	\$ _____



**PREMIUM**

Non-Reporting Form – Premium \$ \_\_\_\_\_  
Optional Coverages and Endorsements

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**TESTING**

Cold Testing – The most "we" pay for loss caused by "Cold Testing" in any one occurrence \$ \_\_\_\_\_  
Testing Period (Number of Days) \_\_\_\_\_  
Hot Testing – The most "we" pay for loss caused by "Hot Testing" in any one occurrence \$ \_\_\_\_\_  
Testing Period (Number of Days) \_\_\_\_\_  
Commissioning – The most "we" pay for loss caused by "Commissioning" in any one occurrence \$ \_\_\_\_\_  
Testing Period (Number of Days) \_\_\_\_\_  
Premium \$ \_\_\_\_\_  
Optional Coverages and Endorsements

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**SCHEDULED PROPERTY FLOATER  
SUPPLEMENTAL DECLARATIONS  
POLICY LEVEL**

POLICY NUMBER
------------------

Named Insured: \_\_\_\_\_

Effective Date of This Form If Different from Policy Effective Date: \_\_\_\_\_

**DESCRIPTION OF COVERED PROPERTY:**

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**LIMITS OF INSURANCE**

Coverage Extensions

Additional Debris Removal Expense..... \$ \_\_\_\_\_

Supplemental Coverages

Pollutant Cleanup and Removal..... \$ \_\_\_\_\_

Any One Item..... \$ \_\_\_\_\_

Any One Occurrence..... \$ \_\_\_\_\_

**COINSURANCE**    ☐ 80%    ☐ 90%    ☐ 100%

☐ **ACTUAL CASH VALUE**    ☐ **REPLACEMENT COST**

**DEDUCTIBLE**..... \$ \_\_\_\_\_

**PREMIUM**..... \$ \_\_\_\_\_

**SCHEDULED PROPERTY FLOATER  
SUPPLEMENTAL DECLARATIONS  
LOCATION LEVEL**

POLICY NUMBER
------------------

Named Insured: \_\_\_\_\_

Effective Date of This Form If Different from Policy Effective Date: \_\_\_\_\_

**SCHEDULED LOCATION:**

\_\_\_\_\_  
**DEDUCTIBLE**..... \$ \_\_\_\_\_

**COINSURANCE**   ☐ 80%   ☐ 90%   ☐ 100%

**COVERAGE EXTENSION**

Additional Debris Removal Expense..... \$ \_\_\_\_\_

**SUPPLEMENTAL COVERAGES**

Pollutant Cleanup and Removal..... \$ \_\_\_\_\_

(Description of item to be covered should be filled in for each item along with valuation-RC or ACV)

1)	_____	\$	_____
	Rate or Premium	\$	_____
2)	_____	\$	_____
	Rate or Premium	\$	_____
3)	_____	\$	_____
	Rate or Premium	\$	_____
4)	_____	\$	_____
	Rate or Premium	\$	_____
5)	_____	\$	_____
	Rate or Premium	\$	_____
6)	_____	\$	_____
	Rate or Premium	\$	_____
7)	_____	\$	_____
	Rate or Premium	\$	_____
8)	_____	\$	_____
	Rate or Premium	\$	_____
9)	_____	\$	_____
	Rate or Premium	\$	_____

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL ACQUIRED PROPERTY ENDORSEMENT**

This endorsement modifies insurance provided under the following:

SCHEDULED PROPERTY COVERAGE FORM

The following is added to **Supplemental Coverages**:

**Additional Acquired Property:**

If during the policy period you acquire additional property of a type already covered by this form we will cover such property up to, but not beyond, the end of the policy period. The most we will pay in a loss is \$10,000.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**FIRE DEPARTMENT SERVICE CHARGE ADDITIONAL COVERAGE**

This endorsement modifies insurance provided under the following:

SCHEDULED PROPERTY FLOATER COVERAGE FORM

The following is added to Supplemental Coverages:

**FIRE DEPARTMENT SERVICE CHARGES**

Fire Department Service Charges – "We" pay up to \$1,000 to cover "your" liability, assumed by contract or agreement prior to the loss, or required by local ordinance, for fire department services charges.

This coverage is limited to charges incurred when the fire department is called to save or protect covered property from a covered peril.

No deductible applies.

This is an additional "limit."

# MOTOR TRUCK CARGO LEGAL LIABILITY SCHEDULE

POLICY  
NUMBER

Named Insured \_\_\_\_\_

Effective Date of This Form If Different from Policy Effective Date \_\_\_\_\_

## DESCRIPTION OF COVERED PROPERTY:

### SCHEDULED VEHICLES

VEHICLE NO.	DESCRIPTION OF VEHICLE	LIMIT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**CATASTROPHE LIMIT** – The most "we" pay for loss in any one occurrence \$ \_\_\_\_\_

**PROPERTY IN VEHICLES** – The most "we" pay for loss involving any one "vehicle" not scheduled \$ \_\_\_\_\_

### COVERAGE EXTENSIONS

Additional Debris Removal Expenses \$ \_\_\_\_\_

Defense Costs \$ \_\_\_\_\_

### SUPPLEMENTAL COVERAGES

Freight Charges \$ \_\_\_\_\_

Newly Acquired Terminals \$ \_\_\_\_\_

Pollutant Cleanup and Removal \$ \_\_\_\_\_

### REFRIGERATION BREAKDOWN

Property In Vehicle Coverage – The most "we" pay for loss to "perishable stock" on any one "vehicle" \$ \_\_\_\_\_

### TRAILER COVERAGE

Bailee Coverage – The most "we" pay in any one occurrence for non-owned "trailer" \$ \_\_\_\_\_

Interchange Coverage – The most "we" pay in any one occurrence for non-owned "trailer" under a trailer interchange agreement \$ \_\_\_\_\_

### ELECTRONIC EQUIPMENT COVERAGE

Off-Board Electronics – The most "we" pay in any one occurrence \$ \_\_\_\_\_

On-Board Electronics – The most "we" pay in any one occurrence \$ \_\_\_\_\_

**MOBILE EQUIPMENT COVERAGE** – The most "we" pay in any one occurrence for loss to "mobile equipment" \$ \_\_\_\_\_

### Terminal Locations

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Deductible – Refrigeration Breakdown \$ \_\_\_\_\_  
Deductible – Electronic Equipment Coverage \$ \_\_\_\_\_  
Deductible – Mobile Equipment Coverage \$ \_\_\_\_\_  
Deductible – All other Coverages and Causes of Loss \$ \_\_\_\_\_  
Non-Reporting Premium \$ \_\_\_\_\_  
Reporting Form – Deposit Premium \$ \_\_\_\_\_  
Rate \$ \_\_\_\_\_  
Reporting Frequency ☐ Monthly ☐ Annual  
Adjustment Frequency ☐ Monthly ☐ Annual  
Minimum Premium \$ \_\_\_\_\_  
Operation Territory is Within \_\_\_\_\_ Miles of \_\_\_\_\_  
Other Provisions \_\_\_\_\_

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# OWNERS MOTOR TRUCK CARGO SCHEDULE

POLICY  
NUMBER

Named Insured \_\_\_\_\_

Effective Date of This Form If Different from Policy Effective Date \_\_\_\_\_

## DESCRIPTION OF COVERED PROPERTY:

### SCHEDULED VEHICLES

VEHICLE NO.	DESCRIPTION OF VEHICLE	LIMIT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**CATASTROPHE LIMIT** – The most "we" pay for loss in any one occurrence \$ \_\_\_\_\_

**OWNED VEHICLE LIMIT** – The most "we" pay for loss to covered property on any one "owned vehicle" not scheduled \$ \_\_\_\_\_

### COVERAGE EXTENSIONS

Additional Debris Removal Expenses \$ \_\_\_\_\_

Emergency Removal \$ \_\_\_\_\_

### SUPPLEMENTAL COVERAGES

Pollutant Cleanup and Removal \$ \_\_\_\_\_

Property You Have Sold \$ \_\_\_\_\_

Rejected Shipments \$ \_\_\_\_\_

### REFRIGERATION BREAKDOWN

Any One Conveyance Limit – The most "we" pay for loss to "perishable stock" in any one conveyance \$ \_\_\_\_\_

Catastrophe Limit – See Above

### BACKHAUL COVERAGE

Any One Conveyance Limit – The most "we" pay for loss to property of others on any one conveyance \$ \_\_\_\_\_

Catastrophe Limit – See Above

Deductible – See Below

### TERMINAL LOCATIONS

Deductible – Refrigeration Breakdown \$ \_\_\_\_\_

Deductible – Electronic Equipment Coverage \$ \_\_\_\_\_

Deductible – Mobile Equipment Coverage \$ \_\_\_\_\_

Deductible – All other Coverages and Causes of Loss \$ \_\_\_\_\_



**NON-REPORTING PREMIUM**

\$ \_\_\_\_\_

**REPORTING FORM – DEPOSIT PREMIUM**

\$ \_\_\_\_\_

Rate

\$ \_\_\_\_\_

Reporting Frequency

☐ Monthly

☐ Annual

Adjustment Frequency

☐ Monthly

☐ Annual

Minimum Premium

\$ \_\_\_\_\_

Operation Territory is Within \_\_\_\_\_ Miles of \_\_\_\_\_

Other Provisions

**THIS ENDORSEMENT CHANGES THE MOTOR TRUCK CARGO LIABILITY COVERAGE  
PLEASE READ IT CAREFULLY.**

**REPORTING CONDITIONS ENDORSEMENT**

**ADDITIONAL CONDITIONS**

Reporting Conditions – The following reporting conditions apply:

- 1. Premium Computation and Adjustment** – The premium will be adjusted as of each adjustment period indicated on the “schedule of coverages” and will be computed using the rate indicated on the “schedule of coverages”.

When an annual adjustment period is indicated on the “schedule of coverages”, “we” will compare the total computed premium to the deposit premium. If it is more than the deposit premium, “you” will pay “us” the difference. If it is less than the deposit premium “we” will pay “you” the difference subject to the minimum premium indicated on the “schedule of coverages”.

When any other premium adjustment period is indicated, “we” will apply the computed premium to the deposit premium until it is exhausted. “You” will pay “us” all premiums that exceed the deposit premium.

At the end of the policy period, if the computed premium is less than the deposit premium, “we” will pay “you” the difference subject to the minimum premium indicated on the “schedule of coverages”.

If “your” coverage is cancelled, “you” must report the total value of all earned receipts up to and including the date of cancellation, and pay any additional premium due.

- 2. Reports** – The following provisions apply to reports that are submitted and may affect How Much We Pay:

- a.** within 30 days after the end of each reporting period indicated on the “schedule of coverages” “you” must report to “us” the total value of all receipts (collected and uncollected) earned from “your” operations as a carrier during the reporting period indicated on the “schedule of coverages”.
- b.** If “you” have failed to submit the required reports of value as of the time of a loss, “we” will not pay “you” more than 90% of the “limit”; and
- c.** “we” will not pay more than the applicable “limit” regardless of any reported value used in computing the premium.

**THIS ENDORSEMENT CHANGES THE MOTOR TRUCK CARGO COVERAGE  
PLEASE READ IT CAREFULLY.**

## **SCHEDULED VEHICLE ENDORSEMENT**

### **ADDITIONAL CONDITIONS**

**Scheduled Vehicles** – "We" only pay for loss to covered property on or in any one "vehicle" if the "vehicle" is described on the "schedule of coverages". The most "we" pay for loss to covered property on or in any one "vehicle" is the "limit" indicated on the "schedule of coverages" for the vehicle involved in the loss.

# TRANSPORTATION SCHEDULE

POLICY  
NUMBER

Named Insured: \_\_\_\_\_

Effective Date of This Form If Different from Policy Effective Date: \_\_\_\_\_

## DESCRIPTION OF COVERED PROPERTY:

### SCHEDULED LIMITS

#### Modes of Transportation

Any one aircraft..... \$ \_\_\_\_\_  
Any one owned vehicle..... \$ \_\_\_\_\_  
Any one carrier for hire..... \$ \_\_\_\_\_  
Any one railroad car..... \$ \_\_\_\_\_  
Any one train..... \$ \_\_\_\_\_

Catastrophe Limit..... \$ \_\_\_\_\_

### TERMINAL LOCATIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Coverage Extensions

Additional Debris Removal..... \$ \_\_\_\_\_  
Emergency Removal..... \$ \_\_\_\_\_

#### Supplemental Coverages

Pollutant Cleanup and Removal..... \$ \_\_\_\_\_  
Property You Have Sold..... \$ \_\_\_\_\_  
Rejected Shipments..... \$ \_\_\_\_\_

#### Theft Limitation

(Description) \_\_\_\_\_  
Theft Limitation Limit..... \$ \_\_\_\_\_

DEDUCTIBLE – All Causes of Loss..... \$ \_\_\_\_\_

NON-REPORTING PREMIUM..... \$ \_\_\_\_\_

REPORTING FORM – Deposit Premium..... \$ \_\_\_\_\_

Rate..... \_\_\_\_\_

Reporting Frequency – ☐ Monthly ☐ Annually

Adjustment Frequency – ☐ Monthly ☐ Annually

Minimum Premium..... \$ \_\_\_\_\_

Value Reported: ☐ Annual Sales or ☐ Values Shipped

### OTHER PROVISIONS:

\_\_\_\_\_

**THIS ENDORSEMENT CHANGES THE TRANSPORTATION COVERAGE  
PLEASE READ IT CAREFULLY.**

**REPORTING CONDITIONS ENDORSEMENT**

**ADDITIONAL CONDITIONS**

Reporting Conditions-The following reporting conditions apply:

**1. Premium Computation and Adjustment**

The premium will be adjusted as of each monthly or annual adjustment period and will be computed using the rate indicated on the "declarations".

"we" will compare the total computed premium to the deposit premium. If it is more than the deposit premium, "you" will pay "us" the difference. If it is less than the deposit premium "we" will pay "you" the difference subject to the minimum premium indicated on the "declarations".

If "your" coverage is canceled, "you" must report the total value of all annual sales or values shipped up to and including the date of cancellation, and pay any additional premium due.

**2. Reports-** The following provisions apply to reports that are submitted and may affect How Much We Pay:

- a. within 30 days after the end of each reporting period indicated on the "declarations" "you" must report to "us" the total value of annual values shipped, or the annual sales if so indicated during the reporting period indicated on the "declarations".
- b. If "you" have failed to submit the required reports of value as of the time of a loss, "we" will not pay "you" more than 90% of the "limit"; and
- c. "we" will not pay more than the applicable "limit" regardless of any reported value used in computing the premium.

**THIS ENDORSEMENT CHANGES THE TRANSPORTATION AND TRIP TRANSIT COVERAGE  
PLEASE READ IT CAREFULLY.**

## **LOADING AND UNLOADING EXCLUSION**

### **ADDITIONAL EXCLUSION**

**Loading and Unloading**—“We” do not pay for loss caused by a covered peril to covered property while it is being loaded into or unloaded from a mode of transportation indicated on the “declarations”.

# TRIP TRANSIT SCHEDULE

POLICY  
NUMBER

Named Insured: \_\_\_\_\_

Effective Date of This Form If Different from Policy Effective Date: \_\_\_\_\_

## COVERED PROPERTY CONSISTS OF:

Date of Shipment: \_\_\_\_\_ until \_\_\_\_\_

Shipped from: \_\_\_\_\_

Shipped to: \_\_\_\_\_

## COVERAGE LIMITS

**Catastrophe Limit** – The most “we” pay for loss in any one occurrence..... \$ \_\_\_\_\_

### Modes of Transportation

Any one aircraft..... \$ \_\_\_\_\_

Any one carrier for hire..... \$ \_\_\_\_\_

Any one owned vehicle..... \$ \_\_\_\_\_

Any one railroad car..... \$ \_\_\_\_\_

### Coverage Extensions

Additional Debris Removal Expenses..... \$ \_\_\_\_\_

Emergency Removal..... \$ \_\_\_\_\_

### Supplemental Coverages

Pollutant Cleanup and Removal..... \$ \_\_\_\_\_

**DEDUCTIBLE** – All Causes of Loss..... \$ \_\_\_\_\_

**NON-REPORTING PREMIUM**..... \$ \_\_\_\_\_

## OTHER PROVISIONS:

**EMC EDP BLANKET LIMITS SUPPLEMENTAL QUESTIONNAIRE**

Date

Producer:

Name and Mailing Address:

Code

Subcode

Website Address

Effective Date

Expiration Date

Policy/Account Number

**DEDUCTIBLES**

Applies to all Covered Perils Unless a Different Deductible is indicated below \$ \_\_\_\_\_

Applies to Earthquake \$ \_\_\_\_\_

Applies to Flood \$ \_\_\_\_\_

Applies to Sewer Backup \$ \_\_\_\_\_

Applies to Mechanical Breakdown, Electrical Disturbance and Power Supply Disturbance \$ \_\_\_\_\_

**COINSURANCE****80%****90%****100%****No Coinsurance**

Hardware

☐☐☐☐

Software

☐☐☐☐

Income Coverage

☐☐☐☐**DESCRIBED PREMISES****LOC. NO.****LOCATION ADDRESS**




**EQUIPMENT LIMITS**

Loc. No.	Hardware	Protection & Control Systems	Reproduction Equipment	Telecommunication Equipment
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

**SOFTWARE LIMITS**

Loc. No.	Media	Programs & Applications	Data Records	Proprietary Programs
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

**CATASTROPHE LIMIT** \$ \_\_\_\_\_**WEB SITE SERVER LIMITS**

On-Site Server	On-Site Server Software	Coverage Included with Hardware and Software
\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Off-Site Server	Off-Site Server Software	
\$ _____	\$ _____	

**INCOME COVERAGE****Limit** \$ \_\_\_\_\_**Options**

(check one)

☐**Earnings and Extra Expense**☐**Extra Expense Only**☐**Income Coverage Not Provided**

**COVERAGE EXTENSIONS**

Additional Debris Removal	\$25,000
Electrical and Power Supply Disturbance	Covered
Optional 500 Feet Limitation	Waived
Emergency Removal	365 Days
Emergency Removal Expense	\$5,000
Fraud and Deceit	\$5,000
Mechanical Breakdown Coverage	Covered

**SUPPLEMENTAL COVERAGES**

Acquired Locations	\$500,000
Earthquake	Covered
Flood (if needed, check with your EMC Underwriter)	Not Covered
Foreign Transit and Location Limit	\$5,000
Incompatible Hardware and Media	\$10,000
Newly Purchased or Leased Hardware	\$500,000
Off Site Computers	\$10,000
Pollutant Cleanup	\$15,000
Property in Transit	\$15,000
Recharge of Fire Protection Equipment	\$15,000
Sewer Backup	Covered
Software Storage	\$50,000
Virus and Hacking – Limit Any One Occurrence	\$50,000
Virus and Hacking – Limit Each 12 month Period	\$150,000

**INCOME COVERAGE EXTENSIONS**

Interruption by Civil Authority	30 days
Period of Loss Extension After Business Resumes	30 Days

**SUPPLEMENTAL INCOME COVERAGES**

Acquired Locations	\$50,000
Earthquake	Covered
Flood (if needed, check with your EMC Underwriter)	Not Covered
Off Premises Utility Service Interruption	\$25,000
Optional Overhead Transmission Lines	Included
Waiting Period	24 Hours
Property in Transit	\$10,000
Sewer Backup	Covered
Virus and Hacking	
Limit Any One Occurrence	\$25,000
Limit Each 12 month Period	\$75,000
Waiting Period	24 hours

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 Completed By

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 Position

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 Date


**EMC COMPUTER COVERAGE SUPPLEMENTAL QUESTIONNAIRE**

Date

Producer:

Name and Mailing Address:

Code

Subcode

Website Address

Effective Date

Expiration Date

Policy/Account Number

**DEDUCTIBLES**

Applies to all Covered Perils Unless a Different Deductible is indicated below \$ \_\_\_\_\_

Applies to Earthquake \$ \_\_\_\_\_

Applies to Flood \$ \_\_\_\_\_

Applies to Sewer Backup \$ \_\_\_\_\_

Applies to Mechanical Breakdown, Electrical Disturbance and Power Supply Disturbance \$ \_\_\_\_\_

**COINSURANCE**☐ 80% ☐ 90% ☐ 100% ☐ No Coinsurance**DESCRIBED PREMISES****LOC. NO. LOCATION ADDRESS**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**LOCATION LIMITS**

Loc. No.	Hardware		Programs & Applications and Media		Income Coverage	
_____	\$	_____	\$	_____	\$	_____
_____	\$	_____	\$	_____	\$	_____
_____	\$	_____	\$	_____	\$	_____
_____	\$	_____	\$	_____	\$	_____
_____	\$	_____	\$	_____	\$	_____
_____	\$	_____	\$	_____	\$	_____

**INCOME COVERAGE OPTIONS** (check one)☐ Earnings and Extra Expense ☐ Extra Expense Only ☐ Income Coverage Not ProvidedEmployers Mutual Casualty Company  
EMCASCOS Insurance CompanyHamilton Mutual Insurance Company  
EMC Property & Casualty Company  
Dakota Fire Insurance CompanyUnion Insurance Company of Providence  
Illinois EMCASCO Insurance Company

**COVERAGE EXTENSIONS**

Additional Debris Removal	\$5,000
Electrical and Power Supply Disturbance	Covered
Optional 500 Feet Limitation	Waived
Emergency Removal	365 Days
Emergency Removal Expense	\$1,000
Fraud and Deceit	\$1,000
Mechanical Breakdown Coverage	Covered

**SUPPLEMENTAL COVERAGES**

Acquired Locations	\$250,000
Earthquake	Covered
Flood (if needed, check with your EMC Underwriter)	Not Covered
Newly Purchased or Leased Hardware	\$250,000
Off Site Computers	\$2,500
Pollutant Cleanup and Removal	\$10,000
Property in Transit	\$5,000
Proprietary Programs and Data Records	\$5,000
Sewer Backup	Covered
Software Storage	\$25,000
Virus and Hacking – Limit Any One Occurrence	\$5,000
Virus and Hacking – Limit Each 12 month Period	\$10,000

**INCOME COVERAGE EXTENSIONS**

Interruption by Civil Authority	30 days
Period of Loss Extension After Business Resumes	30 Days

**SUPPLEMENTAL INCOME COVERAGES**

Acquired Locations	\$25,000
Earthquake	Covered
Flood (if needed, check with your EMC Underwriter)	Not Covered
Off Premises Utility Service Interruption	\$10,000
Optional Overhead Transmission Lines	Included
Waiting Period	24 Hours
Property in Transit	\$5,000
Sewer Backup	Covered
Virus and Hacking	
Limit Any One Occurrence	\$5,000
Limit Each 12 month Period	\$15,000
Waiting Period	24 hours

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 Completed By

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 Position

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 Date


**EMC EDP SCHEDULED LIMITS SUPPLEMENTAL QUESTIONNAIRE**

Date

Producer:

Name and Mailing Address:

Code

Subcode

Website Address

Effective Date

Expiration Date

Policy/Account Number

**DEDUCTIBLES**

Applies to all Covered Perils Unless a Different Deductible is indicated below

\$

Applies to Earthquake

\$

Applies to Flood

\$

Applies to Sewer Backup

\$

Applies to Mechanical Breakdown, Electrical Disturbance and Power Supply Disturbance

\$

**COINSURANCE****80%****90%****100%****No Coinsurance**

Hardware

☐☐☐☐

Software

☐☐☐☐

Income Coverage

☐☐☐☐**DESCRIBED PREMISES****LOC. NO.****LOCATION ADDRESS**


**LOCATION LIMITS**

Loc. No.	Hardware	Software	Income Coverage
_____ \$	_____ \$	_____ \$	_____
_____ \$	_____ \$	_____ \$	_____
_____ \$	_____ \$	_____ \$	_____
_____ \$	_____ \$	_____ \$	_____
_____ \$	_____ \$	_____ \$	_____
_____ \$	_____ \$	_____ \$	_____
_____ \$	_____ \$	_____ \$	_____
_____ \$	_____ \$	_____ \$	_____

Loc. No.	Media*	Programs & Applications*	Data Records*	Proprietary Programs*
_____ \$	_____ \$	_____ \$	_____ \$	_____
_____ \$	_____ \$	_____ \$	_____ \$	_____
_____ \$	_____ \$	_____ \$	_____ \$	_____
_____ \$	_____ \$	_____ \$	_____ \$	_____
_____ \$	_____ \$	_____ \$	_____ \$	_____
_____ \$	_____ \$	_____ \$	_____ \$	_____
_____ \$	_____ \$	_____ \$	_____ \$	_____
_____ \$	_____ \$	_____ \$	_____ \$	_____

\*unless specific limits are indicated, these will all be shown as included under Software

**WEB SITE SERVER LIMITS**

On-Site Server	On-Site Server Software	Coverage Included with Hardware and Software
\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Off-Site Server	Off-Site Server Software	
\$ _____	\$ _____	

**INCOME COVERAGE OPTIONS** (check one)

☐ Earnings and Extra Expense      ☐ Extra Expense Only      ☐ Income Coverage Not Provided

**COVERAGE EXTENSIONS**

Additional Debris Removal	\$10,000
Electrical and Power Supply Disturbance	Covered
Optional 500 Feet Limitation	Waived
Emergency Removal	365 Days
Emergency Removal Expense	\$2,500
Fraud and Deceit	\$2,500
Mechanical Breakdown Coverage	Covered

**SUPPLEMENTAL COVERAGES**

Acquired Locations	\$500,000
Earthquake	Covered
Flood (if needed, check with your EMC Underwriter)	Not Covered
Newly Purchased or Leased Hardware	\$500,000
Off Site Computers	\$5,000
Pollutant Cleanup	\$10,000
Property in Transit	\$10,000
Protection and Control Systems	\$10,000
Recharge of Fire Protection Equipment	\$15,000
Reproduction Equipment	\$10,000
Sewer Backup	Covered
Software Storage	\$50,000
Telecommunications Equipment	\$10,000
Virus and Hacking – Limit Any One Occurrence	\$25,000
Virus and Hacking – Limit Each 12 month Period	\$75,000

**INCOME COVERAGE EXTENSIONS**

Interruption by Civil Authority	30 days
Period of Loss Extension After Business Resumes	30 Days

**SUPPLEMENTAL INCOME COVERAGES**

Acquired Locations	\$50,000
Earthquake	Covered
Flood (if needed, check with your EMC Underwriter)	Not Covered
Off Premises Utility Service Interruption	\$25,000
Optional Overhead Transmission Lines	Included
Waiting Period	24 Hour
Property in Transit	\$10,000
Sewer Backup	Covered
Virus and Hacking	
Limit Any One Occurrence	\$25,000
Limit Each 12 month Period	\$75,000
Waiting Period	24 hours

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 Completed By

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 Position

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 Date




# EMC DRONE INLAND MARINE SUPPLEMENTAL QUESTIONNAIRE

(Commercial Insurance Application ACORD 125 Must Be Attached)

Date

Insured Name and Mailing Address:

Effective Date:

Expiration Date:

Policy/Account Number:

1. Description of Drone Operations:

2. Please indicate if Drones are used for the following: ☐ Firefighting ☐ Search and Rescue ☐ Weather and Environmental Data Collection

3. Drone and Drone and Ground Equipment Deductible: ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000

4. Coinsurance (Select One): ☐ 80% ☐ 90% ☐ 100% ☐ No Coinsurance

5. Select either Scheduled or Blanket Coverage. This applies to Drones and Drone Equipment and Ground Equipment, if applicable.

Yes ☐ No ☐ Scheduled Coverage

Yes ☐ No ☐ Blanket Coverage

If Blanket Coverage is answered "Yes", (check one) for the Drone Equipment and Ground Equipment option:

☐ Coverage not Provided

☐ Included in Blanket Drone Limit

☐ Separate Blanket Limit

6. **Drones** (List all Drones for either Scheduled or Blanket Coverage):

*Drones applies to the hull and motor of the drone along with equipment that is attached to the drone and allows the drone to fly.*

Year	Manufacturer/ Model	Serial Number or FAA Registration Number	Fixed Wing or Rotary Wing	Maximum Weight	Designed Maximum Speed	Cost New	Insured Value	ACV or RC
TOTAL INSURED VALUE OF ALL DRONES:							\$	

7. **Drone Equipment and Ground Equipment** (List All Drone Equipment and Ground Equipment for either Scheduled or Blanket Coverage, if applicable):

*Drone Equipment applies to equipment that is attached to a drone, but is not necessary for the drone to fly. Ground Equipment applies to equipment or hardware that an operator on the ground uses to communicate with, navigate, or otherwise control a drone in flight.*

Cameras/Other Equipment	Serial Number	Make and Model	Insured Value	ACV or RC
TOTAL INSURED VALUE OF ALL DRONE EQUIPMENT AND GROUND EQUIPMENT:			\$	



8. **Operator/Pilot Information:**

Operator Name(s)	Date of Birth	Pilot License Number/ Expiration Date	Type(s) of Pilot License	Certified Pilot – Yes/No	Total Hours Flown in Last 12 Months

9. **Optional Coverages, Coverage Extension and Supplemental Coverages:**

	Included Limits	Limits if Increased Limits Requested
Newly Acquired Drone (N/A with Blanket Coverage)	\$5,000	
Newly Acquired Equipment (N/A with Blanket Coverage)	\$5,000	
Additional Debris Removal Expense	\$5,000	
Continuing Rental or Lease Payments	\$2,500	
Pollutant Cleanup and Removal	\$10,000	
Rental Reimbursement	\$5,000	
Spare Parts and Tools	\$1,000	

10. **Lienholders and Loss Payees:**

Name and Address:	Interest Type	Item to which interest applies

11. **Income Coverage** (Optional):

Earnings & Extra Expense: Income Coverage Limit: \$ \_\_\_\_\_  
(A 3 Day Income Waiting Period Applies)

12. **Underwriting Information**

1.	Primary Location(s) where drone will be operated:	
2.	Where will the drone be stored?	
3.	Will drone have “auto-land” or “return to home” capability?	
4.	Total number of drones owned by applicant?	
5.	Is drone designed to carry cargo?	
6.	Will anyone other than named pilots operate the drone?	
7.	Have there been any prior losses involving drones? If yes, please list date and amount of loss:	
8.	Will all drone flights be conducted within a visual line of sight?	
9.	Will any drone flights be computer guided?	
10.	Will all drone flights take place during daylight hours only or civil twilight (30 minutes before official sunrise to 30 minutes after official sunset)?	

11.	Is there a repair and maintenance program in place?	
12.	Is a charge being made to others for use of the drone?	
13.	Do operators/pilots utilize a pre-flight checklist prior to flying?	
14.	Are there established guidelines on types of weather that should be avoided when flying drones?	
15.	Do operators/pilots fly in compliance with Part 107 Regulations?	
16.	Is there an FAA Certificate of Authority (COA) or Section 333 exemption for the described drone operations? If yes, please provide details or attach a copy.	

Remarks:
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_____	_____	_____
Completed By	Position	Date



<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Employers Mutual Casualty Company
<b>TOI/Sub-TOI:</b>	09.0 Inland Marine/09.0005 Other Commercial Inland Marine		
<b>Product Name:</b>	Uncontrolled Inland Marine		
<b>Project Name/Number:</b>	/UCIM-Clean-up-19		

## Supporting Document Schedules

<b>Bypassed - Item:</b>	Readability Certificate
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Copy of Trust Agreement
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Expedited SERFF Filing Transmittal Form
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Consulting Authorization
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Form Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	FORM_Memorandum.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

DISTRICT OF COLUMBIA  
FORM MEMORANDUM  
UNCONTROLLED COMMERCIAL INLAND MARINE

**CM7000 (01-99) COMMERCIAL INLAND MARINE DECLARATIONS**

**CM7001A (09-97) COMMERCIAL INLAND MARINE SCHEDULE-AUTOMATED**

**CM7004 (09-06) QUICK REFERENCE**

**CM7015 (06-06) THEFT OF PROPERTY FROM FIRE AND RESCUE VEHICLES**

This form amends coverage in AAIS's Scheduled Property Floater Coverage (IM7500) exclusion for theft from a vehicle to apply to covered property in the custody of a carrier for hire or for fire and rescue vehicles.

**CM7019 (10-06) THEFT LIMITATION ENDORSEMENT**

This endorsement limits coverage from the theft peril if this loss is from an unattended vehicle.

**CM7021 (11-01) LOSS PAYABLE ENDORSEMENT**

This endorsement can be used on any inland marine policy to provide Loss Payable coverage.

**CM7024 (10-05) THEFT SUBLIMIT ENDORSEMENT**

Schedule indicating a predetermined theft limit and deductible is selected.

**CM7180 (10-05) CONTRACTORS EQUIPMENT SUPPLEMENTAL DECLARATIONS**

**CM7181.7 (10-05) UNDERGROUND EXCLUSION ENDORSEMENT**

This endorsement modifies AAIS's Contractor's Equipment Coverage Form (IM7000) by excluding coverage for equipment used for mining, tunneling and drilling while underground.

**CM7181.8 (06-06) WATERCRAFT EXTENSION**

This endorsement amends AAIS's Scheduled Property Floater Coverage (IM7500) to provide coverage for watercraft.

**CM7181.9 (10-05) THEFT LIMITATION ENDORSEMENT**

This endorsement amends AAIS's Contractors' Equipment Coverage (IM7000) by removing the peril of theft from an unattended vehicle or an unattended pickup truck unless it is securely locked, windows closed and there is visible evidence that entry into the vehicle was forced.

**CM7185 (10-05) COVERAGE EXTENSION ENDORSEMENT**

This endorsement amends the Supplemental Coverage in AAIS's Contractors' Equipment Coverage (IM7000) by extending coverage for newly purchased property from 60 to 90 days after the additional contractor's equipment is obtained. This endorsement also provides up to \$1,000 for unscheduled contractors equipment that is borrowed.

**CM7186 (10-05) NEWLY PURCHASED PROPERTY**

This endorsement amends the Supplemental Coverage in AAIS's Contractors' Equipment Coverage (IM7000) to extend coverage for newly purchased property if reported within 30 days of the policy's expiration or cancellation. Additional premium is due from the date of purchase.

**CM7190 (10-05) TRAILERS ENDORSEMENT**

This endorsement is available to be used with AAIS's Contractors' Equipment Coverage (IM7000) to provide coverage for construction trailers and the contents when used at jobsites as an office or for storage.

**CM7220 (09-09) ELECTRICAL DATA PROCESSING SCHEDULED LIMITS SUPPLEMENTAL DECLARATIONS****CM7220.1 (09-09) DATA PROCESSING COMPUTER COVERAGE SUPPLEMENTAL DECLARATIONS****CM7220.2 (09-09) ELECTRICAL DATA PROCESSING BLANKET LIMITS SUPPLEMENTAL DECLARATIONS****CM7270 (10-07) RIGGERS LIABILITY SUPPLEMENTAL DECLARATIONS****CM7280 (07-07) INSTALLATION SUPPLEMENTAL DECLARATIONS REPORTING FORM****CM7280.1 (07-07) INSTALLATION COVERAGE – NON-REPORTING TESTING COVERAGE SUPPLEMENTAL DECLARATIONS****CM7320 (05-06) SCHEDULED PROPERTY FLOATER SUPPLEMENTAL DECLARATIONS (POLICY LEVEL)****CM7320.1 (05-06) SCHEDULED PROPERTY FLOATER SUPPLEMENTAL DECLARATIONS (LOCATION LEVEL)****CM7324 (06-06) ADDITIONAL ACQUIRED PROPERTY ENDORSEMENT**

This form provides \$10,000 in coverage for newly acquired property of the type currently scheduled in AAIS's Scheduled Property Floater Coverage Form (IM7500).

**CM7325 (06-06) FIRE DEPARTMENT SERVICE CHARGE ADDITIONAL COVERAGE**

This endorsement adds a Supplemental Coverage in AAIS's Scheduled Property Floater Coverage Form (IM7500) by providing up to \$1,000 to cover liability assumed by contract or agreement prior to the loss or required by local ordinance, for fire department service charges.

**CM7340 (05-07) MOTOR TRUCK CARGO LEGAL LIABILITY SCHEDULE****CM7340.1 (05-07) OWNERS MOTOR TRUCK CARGO SCHEDULE****CM7341.1 (05-07) REPORTING CONDITIONS ENDORSEMENT**

This endorsement adds an additional condition from AAIS's Motor Truck Cargo Liability Form (IM7451) to allow reporting, premium computation and adjustment.

**CM7348 (05-07) SCHEDULED VEHICLE ENDORSEMENT**

This endorsement adds an Additional Condition to only pay for loss to covered property on or in any one vehicle if the vehicle is described on the schedule of coverages in the AAIS Motor Truck Cargo Liability Form (IM7451).

**CM7410 (02-08) TRANSPORTATION SCHEDULE****CM7413 (02-08) REPORTING CONDITIONS ENDORSEMENT**

This endorsement adds an Additional Condition to AAIS's Transportation Coverage (IM7250) for reporting, premium computation and adjustment.

**CM7414 (02-08) LOADING AND UNLOADING EXCLUSION**

This endorsement provides an option to AAIS's Transportation Coverage (IM7250) and Trip Transit Coverage (IM7252) forms to remove coverage to covered property while it is being loaded or unloaded.

**CM7420 (02-08) TRIP TRANSIT SCHEDULE**

**CM8058 (10-09) EMC EDP BLANKET LIMITS SUPPLEMENTAL QUESTIONNAIRE**

**CM8059 (10-09) EMC COMPUTER COVERAGE SUPPLEMENTAL QUESTIONNAIRE**

**CM8060 (10-09) EMC EDP SCHEDULED LIMITS SUPPLEMENTAL QUESTIONNAIRE**

**CM8067 (02-19) EMC DRONE INLAND MARINE SUPPLEMENTAL QUESTIONNAIRE**